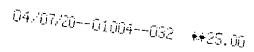
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## **COVER LETTER**

SUBJECT: Munu 6. Rojus LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing  Please return all correspondence concerning this matter to the following:  Hunu 6. Rojus  Name of Person	
The enclosed Articles of Amendment and fee(s) are submitted for filing  Please return all correspondence concerning this matter to the following:  Huna & Rigar  Name of Person	
Please return all correspondence concerning this matter to the following:  Huna & Rojas  Name of Person	
Munic G. Rojas  Name of Person	
l	
Hunu G. Ayus LLC	
Firm/Company	
18230 SW 14344 ct	
Address	
HIGH) - Fl 33177  City/State and Zip Code  Managaga 190 and 1 com  E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
Final address: (to be used or future annual report notification)	
For further information concerning this matter, please call:	
HUNG 6 Rojas at 786 224-5987  Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	<del></del>
Enclosed is a check for the following amount:	
**S25.00 Filing Fee ** Certificate of Status **Certified Copy (additional copy is enclosed) **S60.00 Filing Fee ** Certified Copy (additional copy is enclosed) **Certified Copy (additional copy is enclosed) **Cert	f Status & py

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

2020 APR - 6 PH 5:00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	· ·
Huña G A	Poigr LLC
(A Florida I.	(Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:
<del></del>	

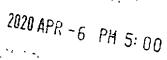
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
Pres	Rojus, Muna 6	18230 5W 143kl ct Hum - F1	□Add
		name stays the same	Remove
		title change from Pres to	)XOChange
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			□Remove
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			□Remove



). If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary:)
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(If an effect <u>Note:</u> It	te date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	3-30- <u>2020</u>
	Signature of a member or authorized representative of a member
	MARIA G. ROTAS  Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00